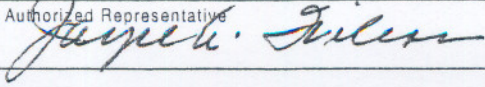
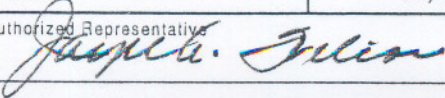


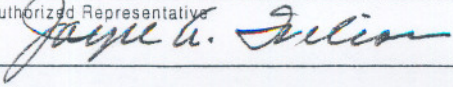
Application for Federal Assistance

		2. Date Submitted 08/05/05		Applicant Identifier DUNS No. 058873019	
1. Type of Submission: Application: Construction Preapplication: Non - Construction		3. Date Received by State		State Application Identifier	
		4. Date Received by Federal Agency		Federal Identifier B-05-MC-48-0015	
5. Applicant Information					
Legal Name City of El Paso, Texas			Organizational Unit Department of Community and Human Development		
Address #2 Civic Center Plaza 8th Floor El Paso, TX 79901 El Paso			Contact Robert A Salinas, Director (915) 541-4643		
6. Employer Identification Number (EIN): 746000749			7. Type of Applicant: Municipal		
8. Type of Application: Type: New					
			9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant			11. Descriptive Title of Applicant's Project: Community Development Block Grant Program: A program of public works, community facilities and property improvements, and social services designed to benefit low-and moderate-income persons.		
12. Areas Affected by Project: El Paso, Texas					
13. Proposed Project:		14. Congressional Districts of:			
Start Date 09/01/05	End Date 08/31/06	a. Applicant 16		b. Project 16	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?			
a. Federal \$9,699,358		Review Status: Program covered Date: 08/05/05			
b. Applicant \$0					
c. State \$0		17. Is the Applicant Delinquent on Any Federal Debt? No			
d. Local \$0					
e. Other \$0					
f. Program Income \$1,000,000					
g. Total \$ 10,699,358					
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Joyce Wilson		b. Title City Manager		c. Telephone Number (915) 541-4109	
d. Signature of Authorized Representative 				e. Date Signed 07/19/05	

Application for Federal Assistance

		2. Date Submitted 08/05/05		Applicant Identifier DUNS No. 058873019	
1. Type of Submission: Application: Construction Preapplication: Non - Construction		3. Date Received by State		State Application Identifier	
		4. Date Received by Federal Agency		Federal Identifier S-05-MC-48-0005	
5. Applicant Information					
Legal Name City of El Paso, Texas			Organizational Unit Department of Community and Human Development		
Address #2 Civic Center Plaza 8th Floor El Paso, TX 79901 El Paso			Contact Robert A Salinas, Director (915) 541-4643		
6. Employer Identification Number (EIN): 746000749			7. Type of Applicant: Municipal		
8. Type of Application: Type: New					
			9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.231 Assistance Title: Emergency Shelter Program			11. Descriptive Title of Applicant's Project: Emergency Shelter Grant Program - Acquisition, Rehabilitation or conversion of buildings for use as emergency shelter for the homeless, payment of certain operating and social service expenses, and homeless prevention activities.		
12. Areas Affected by Project: El Paso, Texas					
13. Proposed Project:		14. Congressional Districts of:			
Start Date 09/01/05	End Date 08/31/06	a. Applicant 16		b. Project 16	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process? Review Status: Program not covered			
a. Federal \$374,384					
b. Applicant \$0					
c. State \$0					
d. Local \$374,384					
e. Other \$0					
f. Program Income \$0					
g. Total \$ 748,768		17. Is the Applicant Delinquent on Any Federal Debt? No			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Joyce Wilson		b. Title City Manager		c. Telephone Number (915) 541-4109	
d. Signature of Authorized Representative 				e. Date Signed 07/19/05	

Application for Federal Assistance

		2. Date Submitted 08/05/05		Applicant Identifier DUNS No. 058873019	
1. Type of Submission: Application: Construction Preapplication: Non - Construction		3. Date Received by State		State Application Identifier	
		4. Date Received by Federal Agency		Federal Identifier M-05-MC-48-0213	
5. Applicant Information					
Legal Name City of El Paso, Texas			Organizational Unit Department of Community and Human Development		
Address #2 Civic Center Plaza 8th Floor El Paso, TX 79901 El Paso			Contact Robert A Salinas, Director (915) 541-4643		
6. Employer Identification Number (EIN): 746000749			7. Type of Applicant: Municipal		
8. Type of Application: Type: New					
			9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.239 Assistance Title: HOME Program			11. Descriptive Title of Applicant's Project: HOME Program - Acquisition, rehabilitation, and new construction of housing, and tenant-based rental assistance in order to improve and increase the City's affordable housing stock for low-income residents.		
12. Areas Affected by Project: El Paso, Texas					
13. Proposed Project:		14. Congressional Districts of:			
Start Date 09/01/05	End Date 08/31/06	a. Applicant 16		b. Project 16	
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process? Review Status: Program not covered			
a. Federal \$4,073,437					
b. Applicant \$0					
c. State \$0					
d. Local \$0					
e. Other \$0					
f. Program Income \$1,200,000					
g. Total \$ 5,273,437		17. Is the Applicant Delinquent on Any Federal Debt? No			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.					
a. Typed Name of Authorized Representative Joyce Wilson		b. Title City Manager		c. Telephone Number (915) 541-4109	
d. Signature of Authorized Representative 				e. Date Signed 07/19/05	